

HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:

Minor PUD Adjustment

(Fee: \$299.00) – 7 days to process

PUD Appeal to BCC (Fee: \$596.00) – 30 days to file appeal

☐ Major PUD Adjustment

(Fee: \$1,038.00 or \$299.00 for one single-family lot submitted by owner occupant) - Follows ZCP Submittal Schedule

Developed jointly by the following reviewing agencies to expedite the application process and will be electronically transmitted to each agency to assure that all reviewers are seeing the same information in a timely manner.

Hamilton County Planning and Development Department
Hamilton County General Health District
Hamilton County Engineer
Hamilton County Soil and Water Conservation District
Metropolitan Sewer District of Greater Cincinnati
Greater Cincinnati Water Works

♦ Submit this completed application form to: **♦**

Hamilton County Planning & Development Department °/o Bryan Snyder, Zoning Administrator 138 E Court Street, Room 801 Cincinnati, OH 45202-6202 (513)946-4464 Phone (513)946-4475 FAX bryan.snyder@hamilton-co.org

CONTACTS FOR THE PLANNED UNIT DEVELOPMENT APPEAL AND ADJUSTMENT REVIEW AND APPROVAL PROCESS

Mr. John Huth
Senior Planner, Subdivision Coordinator
Hamilton County Planning & Development
138 E Court Street, Room 801
Cincinnati, OH 45202-1237
(513)946-4465 Phone
(513)946-4475 FAX
john.huth@hamilton-co.org

Mr. Bill Morris
Greater Cincinnati Water Works
Engineering Division
4747 Spring Grove Ave
Cincinnati, OH 45232-1986
(513) 591-7858
bill.morris@gcww.cincinnati-oh.gov

Mr. Mohammad M Islam, PE, Civil Project Engineer
Hamilton County Planning & Development
Storm Water Drainage System Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4757
mohammad.islam@hamilton-co.org

Mr. Bryan Snyder, AICP
Zoning Administrator
Hamilton County Planning & Development
138 E Court Street, Room 801
Cincinnati, OH 45202-1237
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bryan.snyder@hamilton-co.org

Mr. Thomas H. Schwiers, PE Sewers Chief Engineer Metropolitan Sewer District of Greater Cincinnati 1600 Gest Street Cincinnati, OH 45204 513-557-7108 thomas.schwiers@cincinnati-oh-gov

Mr. Daniel Taphorn, Urban Conservationist, CPESC Hamilton County Soil and Water Conservation District Hamilton County Earth Work Program 22 Triangle Drive Cincinnati, OH 45246 (513) 772-7645 Ext. 16 dan.taphorn@hamilton-co.org

Ms. Beth Nagy, Waterline Design Technician
Hamilton County Planning & Development
Water Supply Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4755
beth.nagy@hamilton-co.org

Mr. Greg Cassiere, RS
Hamilton County General Health District
250 William Howard Taft Rd., 2nd Floor
Cincinnati, OH 45219
(513) 946-7871 Phone
greg.cassiere@hamilton-co.org

Mr. Eric Beck, Construction Engineer
Office of Hamilton County Engineer
223 W. Galbraith Road
Cincinnati, OH 45215
PH: 513-946-8432 FAX: (513) 761-9127
eric.beck@hamilton-co.org

Mr. Greg Smorey, CFM
Hamilton County Planning & Development
Special Flood Hazard Area Division
138 E Court Street – Room 801
Cincinnati, Ohio 45202
513-946-4760
greg.smorey@hamilton-co.org

Version: 01-01-16-A

HAMILTON COUNTY CONSOLIDATED APPLICATION FOR:

REVIEW OF PLANNED UNIT DEVELOPMENT ADJUSTMENT / APPEAL

	APPLICANT:	☐ Direct all correspondence to Applicant	PROPOSED UTILITIES: (Check all that apply): ☐ NO CHANGE PROPOSED	
Address: City: State: ZiP: Indicate: size: Fi and Length: Fi and	Name:		Sewer: □ Public □ Private	DAT
Protein value revokes branch How many?	Firm:		Water: ☐ Public with water main extension in ☐ R/W ☐ Easement	Ë
Protein water service branch - How many?	Address:		Indicate: size: Ft and Length: Ft	EE .
Signature: Direct all correspondence to Engineer Nature: Private water system (weeks, coterns) Private water system	City:	State: ZIP:	Indicate: size: Ft and Length: Ft	VED
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Daily Peak Domestic Wilser Needs:	Signature: Date:		Water: ☐ Private water system (wells, cisterns)	
Needed Fire Flows at Street	ENGINEER: ☐ Direct all correspondence to Engineer		WATER USE INFORMATION (Check all that apply): ☐ NO CHANGE PROPOSED	
Needed Fire Flows at Street	Name:		Daily Peak Domestic Water Needs: gpm at psi	副
Are any lean or inrigation systems to be installed? ves	Firm:		Needed Fire Flows at Street: gpm at 20 psi per local fire authority	
Phone: FAX: HOUSEHOLD SEWAGE TREATMENT SYSTEM DESIGNER/OUALIFIED SOILS VALUATOR: Name: Firm: Address: City: State: ZIP: Parking & Dive Areas: Sq. Ft. Building Footpoint: Sq. Ft. City: State: Storage Frank. **STORM DRAIMAGE SYSTEM (SDS) REVIEW ANDOR INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (person responsible): ADJUSTMENT INVOLVES: IN O CHANGE INSPECTION FEES (per	Address:		Any sprinkling systems (including LAS or 13R) to be installed? □YES □NO	
MONESHOLD SEVIAGE TREATMENT SYSTEM DESIGNER/OUALIFIED SOLES VALUATOR: Name:	City:	State: ZIP:	Are any lawn or irrigation systems to be installed? □YES □NO	
Name: Firm: Address: State: ZIP: Building Footprint: Sq. Fi. The undersigned conflice that the adjacent calculations submitted for the impervious Surface Ratio (For all non-single-family developments): Building Footprint: Sq. Fi. The undersigned conflice that the adjacent calculations submitted for the impervious Surface Ratio are accourale and complete. Parting & Dire Access Easements: Sq. Fi. Access Easements: Sq. Fi. Signature ToTAL IMPERVIOUS SURFACES: Sq. Fi. Signature ToTAL IMPERVIOUS SURFACES: Sq. Fi. Date Signature Sq. Fi. Date Sq. Fi. Date Sq. Fi. Signature Sq. Fi. Date Sq. Fi. Date Sq. Fi. Signature Sq. Fi. Date Sq. Fi. Signature Sq. F	Phone:	FAX:		
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Access Easements: Sq. Ft. accurate and complete.	· ———		adjacent calculations submitted for	
ADJUSTMENT INVOLVES: NO CHANGE				
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Name: Firm: State: ZIP: IMPERVIOUS SURFACES: Sq. Ft. Date	Signature:			NSI
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NON-BUILDING EARTHMOVEMENT DATA: Max Depth of Excavation: FT. Max depth of fill: FT. Cubic Yards of Excavation: C.Y. Cubic Vards of FIII: C.Y. Max Slope of Work Area: Existing: : Finished: : APPLICATION REQUIREMENTS CHECKLIST: □ □ Apartments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ □ Apartments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ □ Apartments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ □ Apartments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ □ Apartments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ □ Apartments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: □ Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENTS CHECKLIST: Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENT: Departments: # of 1-Bedroom units: E: P: APPLICATION REQUIREMENT: Departments: # of 1-Bedroom units: E: P: B	·			
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Credit or waiver is sought.				
□ This COMPLETED application form and application fee □ Precise interpretation, adjustment, modification / waiver requested in this application. FOR OFFICE USE ONLY: □ Date Recvd: □ Date Recvd: □ Rural Zoning Commission □ Regional Planning Commission □ Board of Zoning Appeals □ Initial/Date: □ Board of County Commissioners ZONE CASE NUMBER / SITE IDENTIFICATION / REQUEST: Zone Case Number: Site Identification: Specific Request: □ □ P Assembly □ □ E □ P Assembly □ □ E □ P Shopping Center: □ □ □ P Office building: □ □ P Retail other than restaurant: □ □ P Retail other than restaurant: □ □ P Retail other than restaurant: □ □ P Restaurant & Food service # of restaurant seats: □ □ P Middle School □ □ P High School or above □ □ P High School or above □ □ P Medical Building: □ □ Describe Activities: □ □ P Medical Building: □ □ P Other (Describe): □ □ □ P Other (Describe):			· · · · · · · · · · · · · · · · · · ·	
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ZONE CASE NUMBER / SITE IDENTIFICATION / REQUEST: # of Students: E: P: # of staff: E: P: Zone Case Number: □ □ □ P Medical Building: Site Identification: # of Doctors: E: P: P: P: Specific Request: □ □ □ P Other (Describe): # of Students: # of Students: # of Students: # of Students: P: # of staff: E: P: P: Patients/Day: E: P: P: Other (Describe):	Action:	☐ Board of Zoning Appeals	□E □P Restaurant & Food service # of restaurant seats: E: P:	Ш
Zone Case Number: Site Identification: Specific Request: □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	Initial/Date:	☐ Board of County Commissioners	□ □ □ □ Elementary School □ □ □ □ Middle School □ □ □ □ High School or above	
Site Identification: # of Doctors: E: P: Patients/Day: E: P: Specific Request: □ □ □ P Other (Describe):	ZONE CASE NUMBER / SITE IDENTIFICATION / REQUEST:		# of Students: E: P: # of staff: E: P:	
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Total # of Employees to be working at this Location:			□E □P Other (Describe):	
			Total # of Employees to be working at this Location:	